

DEPARTMENT OF LABOR AND ECONOMIC GROWTH
MICHIGAN TAX TRIBUNAL
SMALL CLAIMS DIVISION APPEAL
(PLEASE PRINT OR TYPE)

Date _____

Name _____

Mailing Address _____

Phone Number _____

Local Unit _____ County _____
(i.e., city or township where property is located)

Parcel Number(s) _____

Does the property at issue have at least a 50% homestead exemption? (Check one) YES ____ NO ____

If you are appealing more than one parcel, are parcels contiguous (adjoining)? YES ____ NO ____

Board of Review Appeal Date _____

Tax Year to be appealed _____

If not current year, reason for appeal:

Type of Property (Residential, Commercial, Agricultural, etc.) _____

Type of Appeal: ____ Valuation, ____ Special Assessment, ____ Homestead Exemption,
____ Qualified Agricultural Exemption, ____ Non-Property (Income Tax, Single Business Tax, Sales Tax, etc.)

Comments: _____

Signature _____

NOTE: A PETITION FORM will be sent to you for completion at a later date, if it is determined that the Tribunal has jurisdiction.

RETURN THIS APPEAL REQUEST TO:

Rev 2/04 mw/PMK
forms\walkinformweb

Michigan Tax Tribunal
1033 South Washington Ave.
PO Box 30232
Lansing, MI 48909-7732